

**A QUASI EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF COMPANIONSHIP ON
LABOUR OUTCOME AMONG PARTURIENTS AT
ST.ANTONY'S HOSPITAL,CHENNAI.**

By
W.Annie Mary Prema



A Dissertation submitted to
**THE TAMILNADU DR.MGR MEDICAL UNIVERSITY,
CHENNAI.**

*In partial fulfillment of the
requirement for the award of the degree of*
**MASTER OF SCIENCE
IN OBSTETRICAL AND GYNAECOLOGICAL NURSING**

APRIL - 2012

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CHAPTER-I INTRODUCTION

***“Pregnancy begins life and
Childbirth brings bliss to life”***

Pregnancy and childbirth are very special events in our life, this starts right from the pregnancy planning till the birth of the baby in a catastrophic manner. Fear on childbirth process is meant to be always a growing spurt among the parturients for ages together. As per gods wish,

***“Unto woman god said, I will greatly multiply, thy sorrow and thy
conception: in sorrow, thou shalt bring forth children”***

-Genesis 3:16(Bible)

Thus a birth companion is required for a woman through her travail in labor to embrace her in pain, agony, sorrow & anguish for the joy that will be born to the world.

Traditionally, woman experienced home delivery, surrounded by companions. These companions were habitually, women's from their own family or community. The presence of companions during childbirth meant that a woman was never left alone during this intensely stressful, painful and frightening time in her life. She was comforted, reassured throughout the time of childbirth. Unfortunately, medicine and the care of women during childbirth became more technically advanced, the role and importance of companions during childbirth seem to have been sidelined and forgotten. But

the recent research studies on companionship during labour has started to bloom and the health sector in each of the developing countries have attained its importance.

The Congress in Uruguay has passed a law in 2001 decreeing that all women have the right for companionship during labour.

Among most of the low and middle income countries (including China, South Africa, Tanzania and Zimbabwe), the Better Births Initiative promotes labour companionship as a core element of care for improving maternal and infant health (WHO 2002).

Hodnett E.D(2001) involved more than 5000 labouring mothers in his study, identified that the continuous presence of support person reduced the likelihood of pain relief medication, operative vaginal delivery ,caesarean delivery and a 5 minute Apgar score <7.Continuous support was also associated with slight reduction in length of labour, six trials evaluated that the effects of support on mother versus of the childbirth experience while the trials used various measures, in every trial the results favoured the group that received continuous support.

Campbell and page et al., (2000) stated, that the concept of skilled companion is indeed the support in labor, intends to increase the confidence and the sense of personal autonomy among the parturient. This is a personal journey to a new life where the parturient acquires new role and responsibility; thereby the midwife can be likened to be the companion who supports the woman through this difficult journey of life.

Midwife is a primary care provider during the delivery process for the parturient from the time the baby's life has been rejuvenated. Midwife disposes care, comfort, compassion and companionship right from the admission till the delivery without even a prescription.

'You had that person you knew you could turn to all the time',

and another woman said

'But my midwife, she was part of it, part of birth, the baby'

McCourt et al (2000)

Regardless of the type of midwife or birth settings, all midwifery practice philosophies reflect the concept of being with woman during childbirth. The International Confederation of Midwives has based its philosophy on a partnership between the midwife and client (***Guiland & Pairman, 1995***).

According to WHO (2002) the parturient should be accompanied by people whom she trust and with whom she feels at ease, possibly partner, friend, nurse or midwife.

Banda G ant et al., (2010) identified that supportive companionship for women during childbirth is highly acceptable by mothers, health professionals and the community. Thus the laboring mother requires information regarding the need for a supportive companion and their anticipated role before they present at a health facility in labor.

Thus midwife will be a definite companion for the parturient during her process in order to view it as a positive experience through information, action and education.

BACKGROUND OF THE STUDY

“No Pains, No Gains”

Child birth is very furious process, right from the creation of Womanhood, where without pain, there is no gain of newborn baby.

Labour mechanism is guided wholly by some supernatural power, yet still unknown gives physical strain and endearing pain for the parturient. So, we need to nourish this process with the human power to enable the parturient to successfully finish her journey towards blissful output. In accordance to the above context, human power is referred as the need for companionship during child birth.

“Birth companion is a person who indeed is in need during labour”.

Historically and cross culturally, women have been attended & supported by other women during labour and birth, but since from the mid 20th Century in many countries majority of women gave, birth in hospital rather than at home, from which continuous support during labour has become exception rather than routine.

Concerns about the dehumanization of the Women's Birth experience have led to calls for return to continue one to one support by the women for the women during labour.

RCOG (2011) supported the statement of women's choices in relation to child birth recommends that women in labour must receive individual one to one care from a midwife.

The theoretical explanation of the companionship describes on two pathways, enhanced passage of fetus through the pelvis and soft tissues as well as decreased stress response, irrespective of the type of birth environment by which labour support rightly enhances the labour outcome.

Lederman (1981) conducted a descriptive study among 187 women in labour and elicited that the relationship of stress response hormone epinephrine in blood which way in turn lead to abnormal Fetal Heart Rate pattern, decreased uterine contractility, longer active phase of labour and low Apgar score. Thereby the author concludes that companionship is essential in reducing stress.

The Government of Tamil Nadu has passed order (G.O.) No. 211 dated 02.07.2004 directing the hospital authority to provide certain facilities to be provided in the hospital for the birth companionship.

Recently, constant support has been viewed as a form of pain relief specifically, as an alternative to the Epidural analgesics.

Gjerdingen D.K et al., (1991) studied the effect of social support on women's health during pregnancy, labour, delivery and postpartum period. The author concluded that the mothers who had support of companion during labour and delivery, expressed fewer child birth complications and less postpartum depression.

This enables the need for midwife as the birth companion during labour creating a newer arena in the field of midwifery.

NEED FOR THE STUDY:

“Midwife Means with woman”

Midwife is a person who spend a great deal of preparation time (right from admission) designing care plans, pathophysiologic rationale’s physiological support, educating on labor progress, pain relief measures for safe and easy vaginal delivery.

John bonnar & William Dunlop (2005) says that availability of continuous support during labour and personal care and attention from the primary care providers (midwives) is the most effective way to improve the obstetric results with respect to interventions in both high risk and low risk woman .Midwives should be devoted to the view that labour and delivery are natural life events.

According to WHO of 110,000 births in Asia during 2007-2008, 27% is noted as the caesarean section and 46% of the deliveries in China were of the same type, this was the scenario taking place at the tertiary and district hospitals in the country and thus the pressure on the hospital staff is mounting thereby arising a ray of hope towards the need for continuous labour support by the companion for improving the obstetrical outcome.

AWHONN (2002) reviewed that Women who have experienced continuous one-to-one support during labour, were decreased to have a caesarean or instrumental vaginal birth, and less likely to explain

dissatisfaction with their childbirth experiences. The trial reports do not list any adverse effect, and none are plausible. This type of care appears to confer significant benefits without attendant risks. ***These reviews have prompted organizations in Canada, the UK, and the USA to issue practice guidelines, advocating continuous support (SOGC 1995, MIDIRS 1999, A).***

In US/UK the need for the birth companion is followed at every maternal health care centre /hospitals as they have realized the need for the improved labour outcome preferring specialized labour suites providing continuous labour support by the midwives doulas, partners, friends and relatives.

Global health council (2003) recommends that the constant support of woman during child birth improves maternal satisfaction and labour outcome. Companionship during labor is one of the modern trends that may enable future midwifery to land in new scope of successful vaginal delivery rather than caesarean section with vast improvement in the parturients outcome.

Companion at Birth Policy (2009) stated that the expectant mothers need consistent, continuous reassurance, comfort, encouragement and respect during labour and delivery. They require individualized care based on their environments and preferences. The role of the companion at birth encompasses the clinical and non clinical aspects of care during childbirth.

This leads to the blooming need and the major trend in our midwifery services for the birth companion policy in India. Now as the Indian obstetricians have realized the need for companionship during the labour has incorporated it into Chennai corporation division at Perumalpet. And is carried onto the private sectors which include almost all the tertiary care hospitals (Apollo Hospital, CMC, and SRMC) where it is practiced.

“Companionship is action and not reaction by position”

The Cochrane database reviews on continuous support for women during child birth summarizes results of 15 trials involving 12,791 women that took place in 11 countries under a wide variety of circumstances. All trials involved continuous one-to-one support provided by women who were experienced through having given birth themselves and/or through education and practice as midwives, doulas, or childbirth educators. The implementation of birth companion ship programme has been very successful and well suited for middle income countries where the institutional deliveries are very high. Various explanations have been offered for the effects of labour support on childbirth outcomes: ***Increased satisfaction with their birthing experience, Shortened the duration of labour, Less pain and fewer medical procedures, Reduction of instrumental vaginal birth & caesarean sections.***

Umoiyoho.A.J et al., (2011) assessed the mother’s perception on the need for social companionship during labour. Among 288 mothers at antenatal clinic, where 95.8% of them expressed the need for social companionship,

93.5% reported that those who received social companionship during labour felt less pain, less fear, at childbirth. The author concludes that the presence of social companionship provides a satisfying childbirth experience and improved labour outcome.

Samieizadeh Toosi et al., (2011) conducted a study on effect of companionship during labour on anxiety, among 208 primiparous mothers at Iran. The results were that the maternal anxiety was lower (6-8) and the duration of labour was lesser in the group with companionship. Thereby the investigator concludes that the effect of companionship has a positive effect on anxiety and duration labour.

Million Teshome et al.,(2007) conducted a cross-sectional study on parturients need of continuous support during labour among 406 women in Ethiopia where 70% of the mothers were having fear of labour mainly due to pain, the reasons given for wanting companion were emotional (45%), information (25%) and physical (21.7%) support, further about the type of companion mostly wanted mothers (54%) and husbands(37%). Therefore he concluded that there is a need for introducing companionship during labour.

The investigator views that the need for the birth companion policy is triggered throughout the nation but not implemented in practice. In Chennai as far as my personal exposure still it is a boon in eyes of the parturients due to various cultural beliefs of the people (like that the mother should not be supporting during the labor) and the institutional policies. ***The role of the midwife is to***

- 1) Support the mother and the family in making an effective transition to the new role and responsibility of parenting.

- 2) Support the physiological process while promoting healthy outcomes.
- 3) Relieve fear distressing symptoms and provide comfort particularly during labour and birth and post natal period.

Thus it clearly states that the midwife as a birth companion could provide the best possible clinical care to improve the labour outcome which is possible by healthy staffing in both government and private sectors thereby reducing the infant and maternal mortality rates , producing hale and healthy newborns who are the future pillars of the nation.

STATEMENT OF THE PROBLEM :

A Quasi experimental study to assess the effectiveness of companionship on the labor outcome among parturients at St.Antony's Hospital, Chennai.

OBJECTIVES

- 1) To assess the labor outcome among parturients in the control and in experimental group.
- 2) To determine the effectiveness of companionship on labor outcome among parturients in the control and experimental group.
- 3) To associate labor outcome with selected demographic variables.

OPERATIONAL DEFINITION

- 1) ***Effectiveness:*** The extent to which the companionship succeeds to achieve the desired labor outcome which results in good outcome(11-15 score),moderate outcome(6-10score),poor outcome (<5score), and the above were measured using a self- structured questionnaire.
- 2) ***Companionship:*** The investigator accompanying the parturients from 3cms dilatation till childbirth by providing emotional support by hand holding and good interpersonal relationship , comfort measures like back massage and nutritional support, information and advice on breathing exercises, do's and don'ts of labour.
- 3) ***Labor outcome:*** This defines the net effect of the childbirth process measured by certain maternal factors like pain, type of delivery, duration of labour, expulsion of placenta and fetal outcome like APGAR score.
- 4) ***Parturients:*** The term mothers who are in active stage of labor from 3cms of dilatation till childbirth process.

HYPOTHESIS

There is significant difference in the effect of companionship on labour outcome between the experimental and control group.

ASSUMPTION

Providing companionship throughout labor might have positive effect on labor outcome among parturients.

LIMITATIONS

- 1) Data collection period is limited to 6 weeks.
- 2) Study is limited to 60 samples.

PROJECTED OUTCOME

The study will explore the effectiveness of companionship during labour and provide a platform to practice companionship.

HUMAN RIGHTS PROTECTION

- ❖ The objectives and purposes of the study was explained to the Ethical Committee in the College Research Cell and have obtained clearance.
- ❖ The hospital management was expounded on the study details and gained permission to conduct the study at their premises (labour room).
- ❖ Samples were enlightened on the pros and cons of the study and attained verbal consent, from them to participate in the Research.

CONCEPTUAL FRAMEWORK

Modified Ernestine Wiedenbach's Helping Art Of Clinical Nursing Theory (1964)

Conceptual frameworks can act like maps that give coherence to empirical inquiry of the problem to the investigator. They are potentially close to pragmatic review; they take different forms depending upon the research question or problem.

The success of the human race is being evidenced by the effective care support and companionship provided by the midwife through her helping art in the delivery process. Thus the midwives clinical role can be well expressed by the Ernestine Wiedenbach's Helping Art of Clinical Nursing Theory (1964). **Ernestine Wiedenbach, MATERNAL THEORIST** was born in August 18, 1900, in Hamburg, Germany. Wiedenbach's conceptual model of nursing is called 'The Helping Art of Clinical Nursing'. She advocated that the nurse's individual philosophy or central purpose lends credence to nursing care & meet the individual's need for help by the identification of the needs, administration of help, and validation that actions were helpful.

Wiedenbach's clinical art theory depends on three factors:

- ❖ The central purpose what the practitioner realizes to be essential to the particular discipline.
- ❖ The prescription for the fulfillment of central purpose.
- ❖ The realities

KEY ELEMENTS

Wiedenbach proposes 4 main elements are

The Philosophy: Midwife attitude and belief about life, producing passage in labour.

The Purpose: Midwife's purpose is to accomplish through her intervention of being a birth companion. It refers to all of the activities directed towards the overall good labour outcome of the parturient.

The Practice: They are those observable nursing actions (companionship) about meeting the parturients need for help during labour.

The Art: This includes understanding parturients needs and concerns in the labour process, developing goals and actions intended to enhance parturients ability and directing the activities related to the medical and nursing plan to progress the labour outcome. The nurse also focuses on prevention of complications during labour.

CONCEPTS OF THEORY

Identification: The parturient is the person who receives help, to improve the labour outcome that can be potentially restored are extended according to the ability of the mother to cope with delivery process that may affect health and wellness which are identified by their demographic variables like age, education occupation, income, habitat, Obstetric information like parity, GA, antenatal visits, received prior information & inclusive and exclusive criteria

MINISTRATION

Agent: Midwife (Investigator as the companion)

Recipient: Parturient

Goal: To improve the labour outcome.

Means and activities: Providing companionship to the parturient throughout the labour by the following activities such as Hand holding, practicing Deep breathing exercise (PAN BLOW) & Back Massage, Psychological support: by allowing her husband / mother / relative for 5-10mins, meeting the Nutritional Needs & Personal Hygiene, Continuous Care and Support on bearing down effort, Support to the Family Members.

VALIDATION

To analyze the Labour outcome of the parturient by the maternal and fetal parameters like Spontaneous vaginal birth (SVD), Duration of labour, pain perception (VAS), APGAR, of the following outcome as

The investigator validates that through companionship during labour whether there is Increased SVD, Decreased Duration of labour, moderate pain perception, high APGAR scores. The *scoring interpretations of the data analysis are by the following*

Good outcome	11-15,
Moderate outcome	6-11,
Poor outcome	<5.

METAPARADIGMS

Person: Person: The parturient who is receiving help from a member of the health p or from a Midwife.

Environment: Not mentioned

Health: Concepts of midwifery, client, and need for help and their relationships imply health-related concerns between the nurse - client relationship.

Nursing: The midwife is a functional human being who acts, thinks, and feels. All actions, thoughts, and feelings underlie what the midwife does.

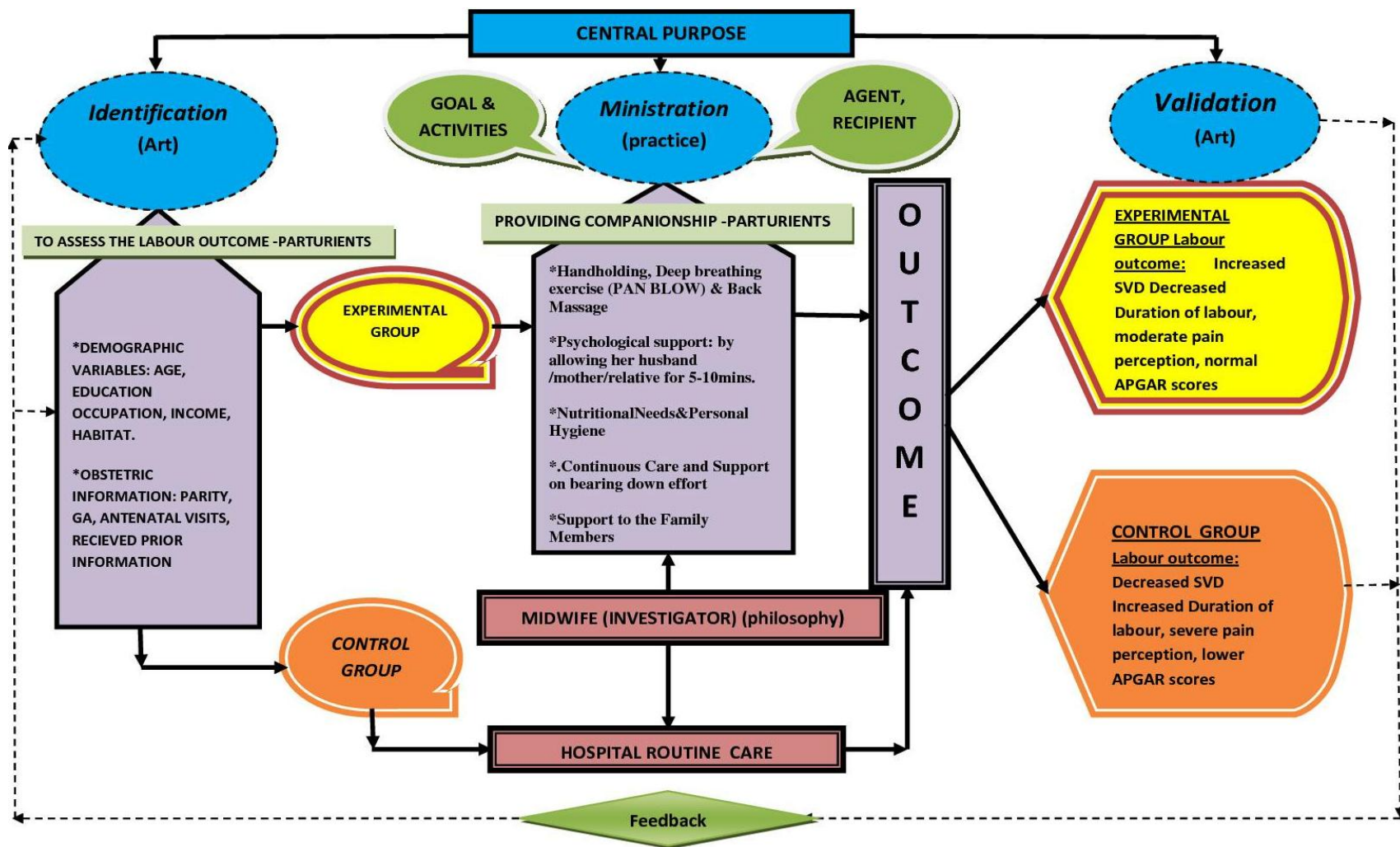


Fig1: Modified Ernestine Wiedenbachs Helping Art of Clinical Nursing Theory (1964)

CHAPTER-II

REVIEW OF LITERATURE

In this chapter it deals with the in depth literature views related to birth companionship by midwife, others and the labour outcome are summed under following heads as-----

- 1) Review related to the Companionship during labour
- 2) Reviews related to Midwife as Birth Companion
- 3) Review related to the Companionship and Outcome of labour

REVIEW RELATED TO THE COMPANIONSHIP DURING LABOUR:

BBC Health (2010) stated that every medical professional can act as birth companion during labour suggested on different positions, to help them stay comfortably and to offer nutritional support breathing or relaxation techniques and massage on the back, shoulders and legs. Thereby it recommends birth companion is essential during labour.

Danielle Elwood (2010) has worked out the statistics on what type of support do the parturients prefer during labor as follows Midwife : 18.2%, Doula : 9.3%, Spouse/Partner : 90.7%, Family/Friend : 37.0%,. Hospital Staffs : 49.2%. Thus the majority of the support was given by partners /spouses in England.

Reham Khresheh, Lesley Barclay., (2010) conducted a study to describe the experience of a group of Jordanian women who had been

receiving support from a female relative during labour. Semi structured interviews were conducted among 25 mothers at 6 weeks postpartum. Findings of the study had a positive influence on their laboring experience and four themes were identified common to the woman involved in support like increased sense of security, provision of physical help, communicating woman's needs/wishes to professional caregivers and emotional support . The author concluded that the support of a female relative was helpful for this small group of Jordanian woman experiencing their first labour and birth .

Suzanne Fredericks (2010) conducted a study on Support during pregnancy for women at increased risk of low birth weight babies, out of 17 trials among 12,264 women. The author concluded the programs offering additional social support for high-risk pregnant mother were not associated with the progresses towards perinatal outcomes, but there were lesser antenatal hospital admissions, and caesarean sections.

NICE(National Institute for Health and Clinical Excellence (2007) Supported the statement that healthcare professionals and other caregivers should establish a rapport with the labouring woman and one-to-one care. Thus it emphasizes the need for one to one support to the laboring women.

Sigma Theta Tau International (2008) conducted a research paper presentation on the opinion and experience of supportive Companion during Labor among 22 primiparous women and 22 of their female family members at Thai. There by majority of family companions (72%) reported that they were satisfied, and few (63%) felt anxious during the process of labor and

delivery. Therefore the author concluded that maternity hospitals should recognize the benefits of support during labor and the women's and family's needs of birth companion.

Patricia Rosen (2004) did a critical review on 8 randomized trials on the analysis of different types of Caregivers (untrained and trained lay women, female relatives, nurses, lay midwives, and student lay midwives as labor support persons) for continuous labor support. The investigator concluded that Support by untrained lay women starting in early labor and continuing into the postpartum period demonstrated the most consistent beneficial effect on childbirth outcomes (78%).

REVIEWS RELATED TO MIDWIFE AS BIRTH COMPANION

Mustapha Mbye et al., (2011) conducted a study on women's perceptions of support given by midwives during labour and delivery and to compare the results of other ethnic groups among a total of 120 women in Gambia. The study concluded that all categories of nursing support during labour and delivery was valued in which emotional and informational support as being most helpful during childbirth.

Malin Bergstrom (2011) commented that labouring women in many countries lack one-to-one support by hospital staff (midwife) or lay support persons ,because of work load and policies at the birth clinics. Thus she justifies that support and labour may reduce anxiety and stress, which has a negative effect on the childbirth experience and on course of labour.

Ellen.D Hodnett, (2010) assessed 21 trials on the effect of continuous one - to-one intra partum support with usual care among 15061 women. The author concluded that the mothers with continuous support were more likely to have a spontaneous vaginal birth and decreased intrapartum analgesia, instrumental/operative birth, low Apgar score .

Jaya Bharathi.B (2010) conducted a study on the Effective Nursing Interventions on Pain during Labour among 60 Primi mothers and concluded that selected nursing interventions like massage, breathing exercise and positions were effective in reducing their labour pain perception. Thus nurses who function as birth companion can incorporate these evidences to promote safe outcome of labour.

Maryam Kashanian (2009) conducted a randomized trial of 100 eligible nulliparous women on the effect of continuous support provided by midwives during labor on the length of the different steps of labor and the rate of cesarean delivery at Tehran. The investigator reported that Continuous support provided by midwives during labor reduces the duration of labor and the number of cesarean deliveries. Thus this model of support should be available to all women during labour.

Cindy-Lee Dennis & Debra K Creedy (2008) conducted Fifteen trials on Psychosocial and psychological interventions for preventing postpartum depression among 7600 women. The author concluded that the women who received a psychosocial intervention were equally likely to cultivate postpartum depression as those of standard care and one promising

intervention was the procession of intensive postpartum support by PHN or Midwife.

Marie Hatem et al., (2008) reviewed 11 trials among 12,276 women on midwife-led models of care for child bearing, the investigator explored those woman who had mid-wife led model of care were less likely to experience antenatal hospitalization, risk ratio, regional analgesia), episiotomy , and instrumental delivery, and were more likely to experience no intrapartum analgesia/anesthesia, spontaneous vaginal birth, feeling in control during childbirth and the babies more likely to have a shorter stay in the hospital.

Rosemary.W Eustace &Helen Igobeko Lugina (2007) explored a cross-sectional study among Tanzanian mothers on perceptions of midwives caring and supportive behaviors during labour within the context of the midwife-woman interactions across two different birth setting, among 60 postpartum women and observed 37 midwife-interactions. The findings have implicated the necessity for midwifery intervention related to the provision of effective and supportive care during labour and delivery across different birth settings.

Bruggemann O.M et al., (2007) evaluated on the effectiveness and safety of the support given to laboring mother by a companion of their choice during labor and delivery among 212 primiparous women. The study concludes that the presence of a companion of the women's choice had a positive influence on her satisfaction with the birth process and did not involve with other events of neonatal outcome or breastfeeding.

Klaus M.H, Kennell, J.L, Robertson, S.S, Sosa, R. (1986)

conducted 11 randomized control trials on effects of social support during parturition on maternal and infant morbidity and examined whether additional support by a trained person (called a doula), student midwife or midwife on the progress during labour has an effect on obstetrical and neonatal outcomes among 212 primiparous woman. Therefore the meta-analysis of these studies showed a reduction in the duration of labor, the use of medications for pain relief (7.8%), operative vaginal delivery, and in many studies a reduction in caesarian deliveries (22.6% and 55.3%). Thus the study concludes that additional support during labour has an impact on obstetrical outcome.

HUSBAND AS COMPANION

Morhason et al., (2009) conducted a controlled trial on the effect of psychosocial support during childbirth among 632 woman in which the husbands constituted about two-thirds of the companions at Ibadan. The study concluded that the Women with companionship had better labour outcomes (80%) compared to those without. The author profanes that it is desirable to adopt this practice in various health-care settings as an alternative strategy to provide comparable quality services for mothers in labour.

Oladosu A et al., (2009) conducted a randomized control trial on the effect of presence of husband (support persons) during labour among 65 mothers on intention to use modern contraceptives after delivery at the University College Hospital, Ibadan, Nigeria. Thus the trial concluded that support offered by Nigerian fathers during childbirth provided a paradigm shift to the appallingly high contraceptive uptake.

DOULAS AS COMPANION

OlayemiO et al., (2008) conducted a hospital-based cross-sectional study of 224 antenatal women in Ibadan, Nigeria on the attitude and likings of respondents about social support during childbirth process and also identify variables that may influence their decisions. Thus the study results show that 75% of respondent's desired companionship in labour, approximately 86% (husband) as companion while 7% and 5% wanted mother and siblings and the reasons for their desire for social support during labour were emotional (80.2%), spiritual (17.9%), errands (8.6%) and physical activity (6.8%). Thus the author concludes that socio-demographic variables were found to be statistically significant on the desire of a companion in labour.

REVIEW RELATED TO THE COMPANIONSHIP & OUTCOME OF LABOUR

Morhason et al.,(2009) conducted a study on the Social support during childbirth as a catalyst for early breastfeeding initiation among 209 primigravid Nigerian mothers. A total of 94 had companions during labour while 115 did not have a companion. Thus the study concluded that the use of birth companion is associated with earlier time to breastfeeding commencement among the primigravid mothers.

McGrath S.K&Kennell J.H(2008) did a randomized controlled trial on continuous labor support for middle-class couples. Thus the trial reveals that those women laboring with the support of their male partner and the presence of a doula has significantly decreased cesarean delivery and the need for epidural analgesia.

Khoda Karami.N, Safarzadeh.A & Fathizadeh (2007) conducted a clinical trial on effect of Massage Therapy on the intensity of Pain and Labour outcome among 60 Primiparous woman at Iran. The investigator reported that the massage therapy can be introduced as a non-pharmacological intervention during delivery to reduce the labour pain and cause a decrease in the number of caesarean sections.

Donna J. Sauls (2006) reviewed an article on effects of labor support on mothers, Babies, and Birth Outcomes like, decreased rates of analgesia and anesthesia use, lesser operative birth rates, shorter labors, fewer newborns with 5-minute Apgar scores which are less than 7, higher maternal satisfaction on the labor process. Thus the author reinforces that midwives must be knowledgeable on the critical aspects of their care, such as labor support, during childbirth.

Madi B.C et al., (1999) conducted a randomized controlled trial to determine the effect of presence of a female relative as birth companion on labor outcomes among 109 primigravidas in Botswana. The trial concluded that the presence of female relative during labour was shown to be associated with lesser interventions and a increased frequency of vaginal delivery compared with the outcomes of those without family member support.

Hofmeyr G .J et al., (1991) conducted a randomized control trial to measure the effects of supportive companionship during labour and various aspects of adaptation to parenthood. Thus the author infers that the provision of additional companionship during labour aims to promote self-esteem of the mother regarding child birth.

Hodnett and Osborn (1989) evaluated the physical and psychological impact of continuous one to one support on child birth outcomes among 103 low risk woman. The study found that 3 major variables were predictive of perceived control during child birth, there were expectations of control in presence of continuous professional support and pain medication usage. The importance of supportive professional input was therefore emphasized by the investigator.

Rosemarycogan & Joseph A. Spinnato (1988) conducted a study on Social support during premature labor and its effects on labor and the newborn outcomes in USA, among 25 women in control and experimental group having premature labor between 26 and 37 weeks. It's been concluded that the support during labor was associated with fewer long labour, less frequent use of medication for pain management during labor, and improved neonatal wellbeing.

CHAPTER-III

RESEARCH METHODOLOGY

RESEARCH APPROACH

The Research Approach is the plan that helps us to forecast the way and direction of the study. The approach of the study is a quantitative approach.

RESEARCH DESIGN

**Quasi Experimental - Post Test Only Design*

E	X	Post Test
C	--	Post Test

KEY

E-experimental group

C-control group

X -companionship by the midwife.

RESEARCH VARIABLES

Dependant variable -Labour outcome

Independent variable- Companionship (midwife)

SETTING OF STUDY

The study was conducted at St.Antony's Hospital Madhavaram, a 250 bedded multispecialty Hospital offering quality specialized care in Obstetric and Gynecological unit in the ground floor. It is a two storied building of vast

area where the labour room, medical wards pharmacy, medical OPD's are in the ground floor. Outpatient department services for Orthopedic, Ophthalmology, Gastroenterology, Gynecology and Obstetrics OPD'S are located in the first floor, Private rooms and special private rooms are available in the second floor. The annual statistics in Antenatal OPD, is 2500 cases which are being registered and 2238 were the total number of normal deliveries for the year 2010, they have three rooms with separate labour tables and well equipped instruments like CTG, Hand Doppler, high degree focus lights, maintenance of sterility, and good standards of nursing care ,if any need of emergency -operation Theatre is attached to the one dimension of labour room .

POPULATION

Term mothers in active stage of labour, with dilatation of cervix from 3 cms ,as per the inclusive criteria.

SAMPLE SIZE

60 term mothers who were admitted in St.Antony's hospital in labour room were selected for the study. (30 mothers in control group and 30 mothers in experimental group)

SAMPLING TECHNIQUE

NON-PROBABILITY CONVENIENT SAMPLING TECHNIQUE was chosen since it was suitable for the researcher to study the objectives and for practicability in selection of samples.

SAMPLING CRITERIA

Inclusive criteria

- ❖ Term mothers who are healthy and planned for normal delivery.
- ❖ Term mothers who are at active stage of labour (from 3cms).

Exclusive criteria

- ❖ Mother /Fetus diagnosed for any high risk conditions.
- ❖ Mothers who are unwilling to participate in the study

DESCRIPTION OF THE TOOL& SCORE INTERPRETATION

Tool consists of two sections A and B where,

SECTION -A: BACKGROUND DEMOGRAPHIC VARIABLES

Part-I: Demographic data which includes age, educational status, family income, occupation, and habitant.

Part-II: Obstetrical information includes such as gestational week, parity, antenatal visits, information received regarding companionship.

SECTION-B: ASSESSMENT ON LABOUR OUTCOME

This consists of assessment of labor outcome such as type of delivery, duration of labor, pain perception (VAS), delivery of placenta and Apgar score.

SCORE INTERPRETATION

All the questions have three options in which* a=3,* b=2,&* c=1.

Thus the total score is 15.

TESTING OF THE TOOL

Validity and reliability

The tool was developed by the investigator based on many literature reviews. The validity was obtained from experts and the reliability of the tool was checked using Test-Retest method, where $r=1.0$ and $r'=1$.

PILOT STUDY

The pilot study was conducted from 07/3/2011 to 21/3/2011 among mothers who were admitted in the labour room in St. Antony's hospital at Madhavaram. The pilot study was very effective in testing the feasibility of the instrument; there was significant difference in the outcome of labour between the experimental and control group.

DATA COLLECTION PROCEDURE

After obtaining formal permission from the hospital authorities, the data collection was done between 4.6.2011 to 15.07.2011 using self-structured questionnaire. The purpose of the study was explained to the parturients and received consent from them. A total of 60 samples were selected who were fulfilling the inclusive criteria, through non-probability convenient sampling first 30 samples were allotted as control group, the during the first 2 weeks. From 3rd to 6th week, nearly 30 mothers were assigned in the experimental group for whom the companionship was provided by the investigator right from 3cms of dilatation till childbirth, and then labour outcome was assessed for both the groups.

Data collection was done using the self-structured questionnaire by the investigator. The action plan of intervention by the investigator is included in annexure.

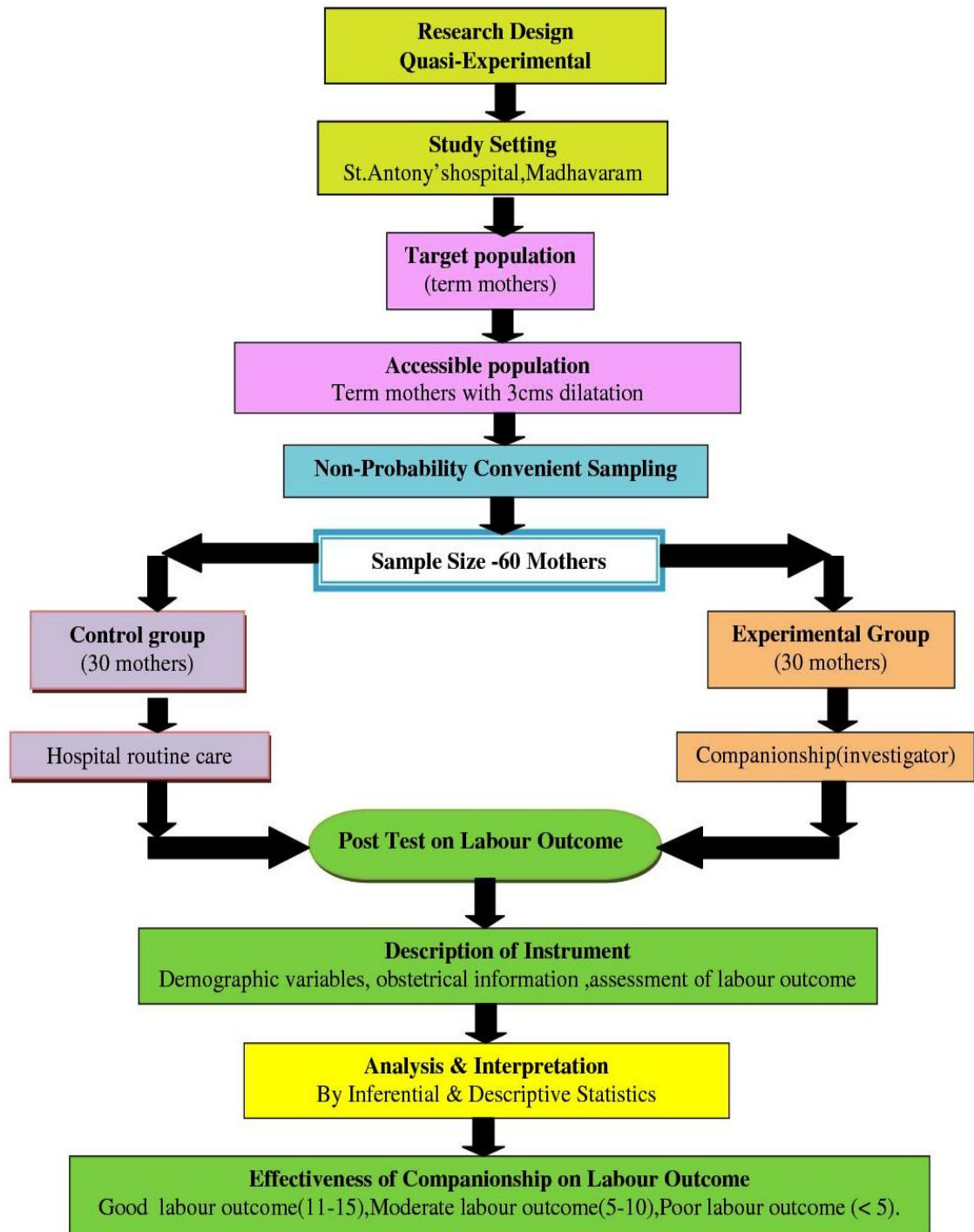
PLAN FOR DATA ANALYSIS

POST TEST ONLY-QUASI EXPERIMENTAL DESIGN

S.NO	OBJECTIVE	STATISTICAL METHODS	STATISTICAL PROCEDURES
1.	*To assess the labor outcome among the parturients in control and experimental group.	Descriptive statistics	Frequency, Percentage distribution, mean & standard deviation.
2.	*To determine the effectiveness of companionship on labor outcome among parturients in experimental & control group.	Inferential statistics	Independent “t” test
3.	*To associate labor outcome with selected demographic variables	Inferential statistics	ANOVA

FIG-2: SCHEMATIC PRESENTATION OF THE RESEARCH METHODOLOGY

Schematic Presentation of the Study Design



CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the data analysis and interpretation of the study was to assess the effectiveness of companionship among parturients at St.Antony's Hospital, Madhavaram.

Descriptive and inferential statistics were used for the analysis of the data. According to the study objectives the interpretation has been tabulated and organized as follows:

ORGANIZATION OF DATA

- Section-A** : Description of demographic variables of parturients in both experimental and control group.
- Section-B** : Assessment of the labour outcome among parturients in the experimental and control group.
- Section-C** : Determination of the effectiveness of companionship among parturients between the experimental and control group.
- Section-D** : Association of mean scores of labour outcome among parturients with selected demographic variables in the experimental group.

SECTION A

Table-1: Frequency and percentage distribution of demographic variables in both experimental and control group.

N = 60 (30 + 30)

<i>S. No</i>	<i>Demographic Variables</i>	<i>Experimental Group</i>		<i>Control Group</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
1.	Age				
	18 - 23 yrs	17	56.67	13	43.33
	24 - 28 yrs	11	36.67	13	43.33
	29 - 32 yrs	2	6.66	4	13.34
2.	Educational Status				
	Primary	4	13.33	2	6.67
	Secondary	8	26.67	13	43.33
	Higher secondary	8	26.67	6	20.00
	Graduation and above	10	33.33	9	30.00
3.	Occupational Status				
	Employed	2	6.67	6	20.00
	Unemployed	28	93.33	24	80.00
4.	Religion				
	Hindu	23	76.67	24	80.00
	Christian	3	10.00	5	16.67
	Muslim	4	13.33	1	3.33
	Others	0	0.00	0	0.00
5.	Family Monthly Income				
	<Rs.1000	1	3.34	0	0.00
	Rs.2500 – 4999	10	33.33	8	26.67
	≥Rs.5000	19	63.33	22	73.33
6.	Type of family				
	Nuclear	14	46.67	17	56.67
	Joint	16	53.33	13	43.33
7.	Habitant				
	Rural	16	53.33	8	26.67
	Urban	14	46.67	22	73.33

S. No	Demographic Variables	Experimental Group		Control Group	
		No.	%	No.	%
OBSTETRICAL INFORMATION					
8.	Gestational Week				
	36 - 38 wks	4	13.33	4	13.34
	38 - 40 wks	24	80.00	22	73.33
	40 - 42 wks	2	6.67	4	13.33
9.	Parity				
	Primiparous	24	80.00	24	80.00
	Multiparous	6	20.00	5	16.67
	Grandmultiparous	0	0.00	1	3.33
10.	Antenatal Visits				
	<3	1	3.33	2	6.67
	4 – 8	20	66.67	14	46.67
	>9	9	30.00	14	46.66
11.	Received Information				
	Yes	0	0.00	0	0.00
	No	30	100.00	30	100.00

The above table shows that in the experimental group, majority of women 17(56.67%) were in the age group of 8 – 23 years whereas in the control group majority 13(43.33%) were in the age group of 18 – 23 and 24 – 28 respectively.

The above table depicts that in the experimental group, majority 10(33.33%) were graduates and above, whereas in the control group majority 13(43.33%) had secondary level education.

The above table portrays that in the experimental group, majority 28(93.33%) were unemployed whereas in the control group, majority 24(80%) were unemployed.

The table also shows that in the experimental group, majority 23(76.67%) and also in the control group, majority (24(80%) were Hindu.

The above table shows that majority 19(63.33%) were earning \geq Rs.5000 in the experimental group and in the control group, majority of 22(73.33%) were earning \geq Rs.5000.

With regard to habitation, majority 16(53.33%) were from rural area in the experimental group and in the control group, majority 22(73.33%) were from urban area.

With respect to obstetrical information, majority 24(80%) were having a gestational week of 38 – 40 wks in the experimental group whereas in the control group, majority 22(73.33%) were having a gestational week of 38 – 40 wks.

With respect to parity in the experimental group, majority 24(80%) were primiparous and in the control group, majority 24(80%) were primiparous.

Regarding antenatal visits, majority 20(66.67%) made 4 – 8 antenatal visits in the experimental group. In the control group, majority 14(46.67%) made 4 – 8 and >9 antenatal visits respectively.

Related to the information received regarding companionship, majority 30(100%) had not received any previous information on companionship both in the experimental and control group.

Fig-3: Percentage distribution of age of the parturients in the experimental and control group

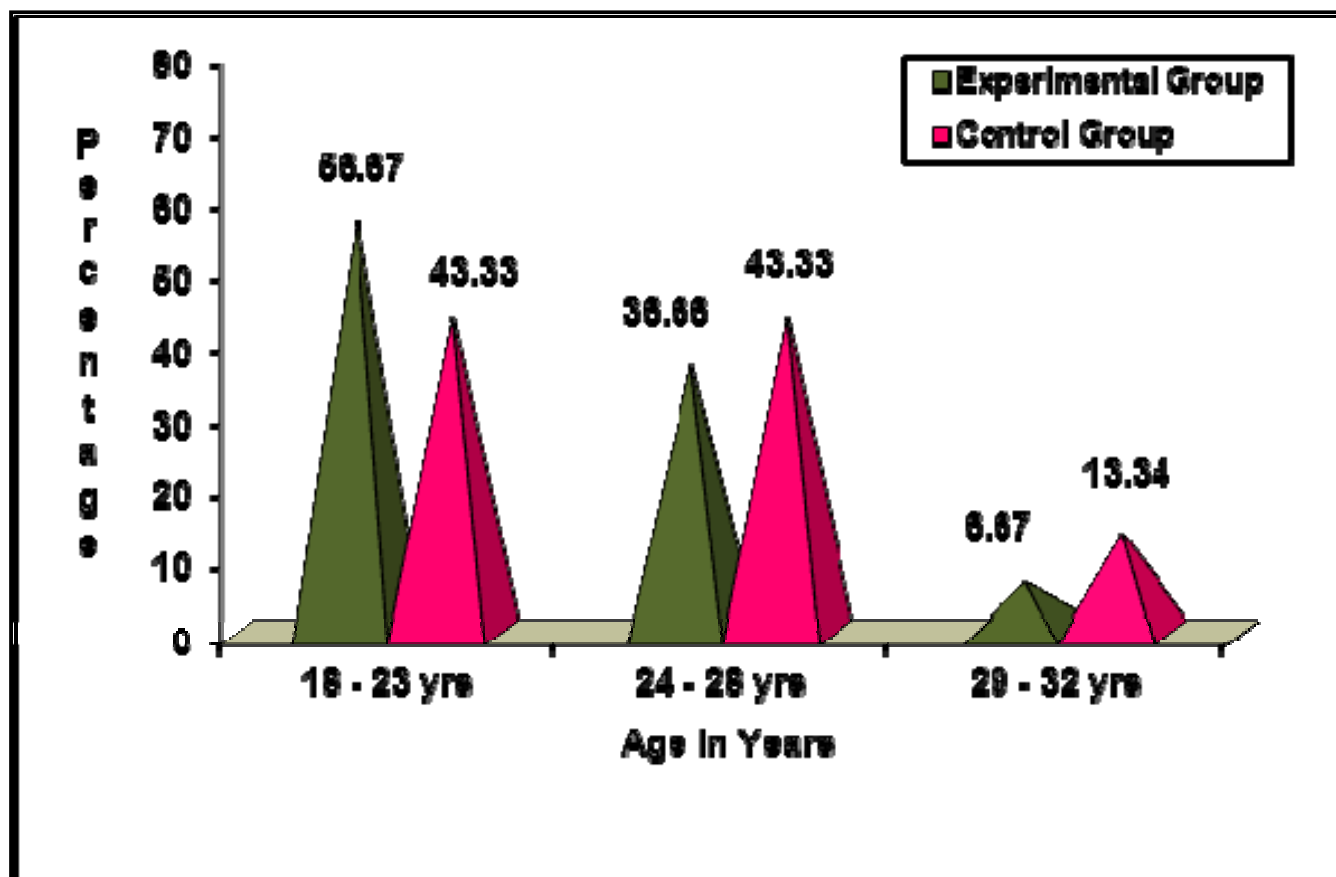


Fig.4: Percentage distribution of educational status of the parturients in the experimental and control group

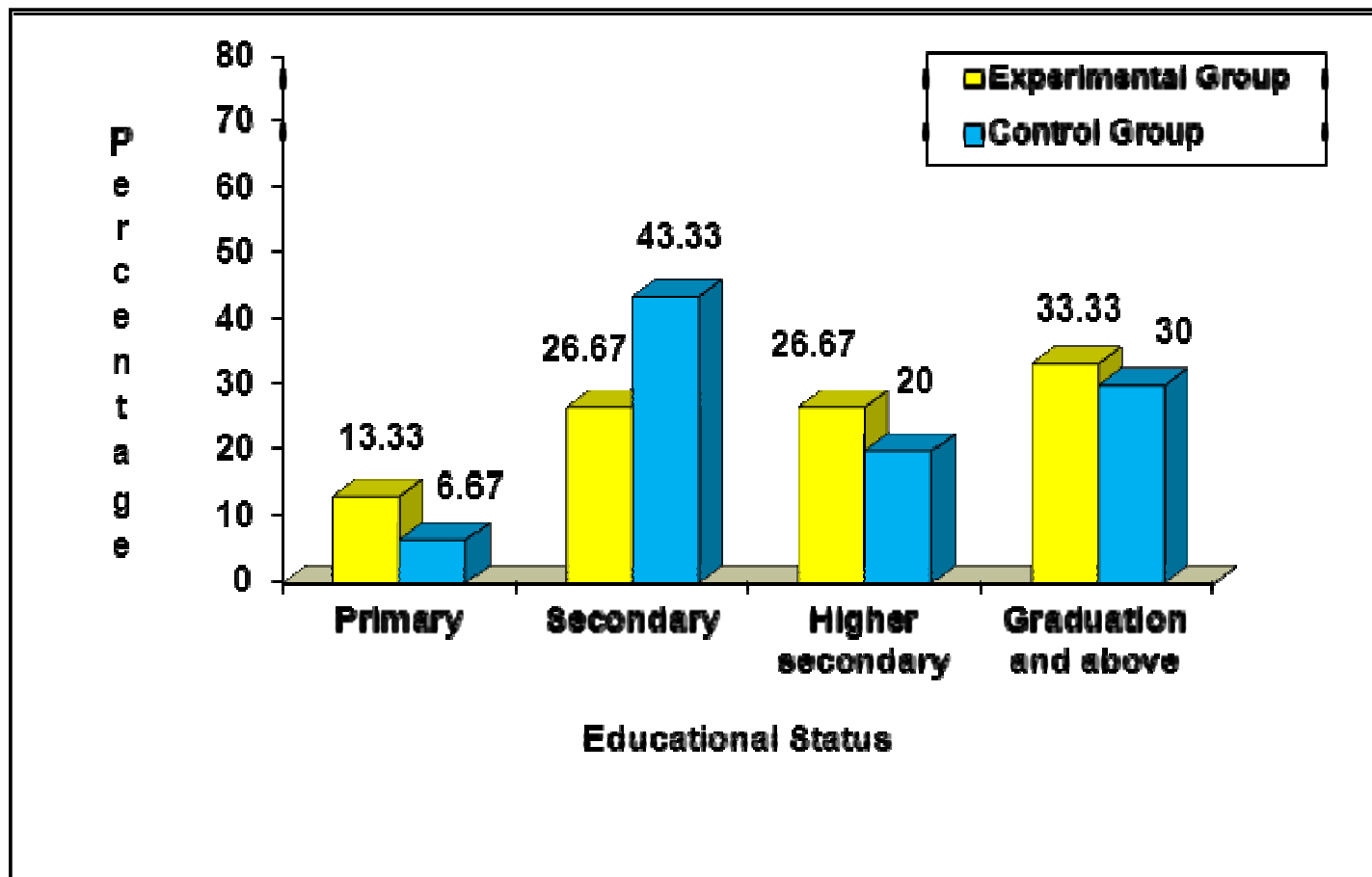


Fig. 5: Percentage distribution of occupational status of the parturients in the experimental and control group

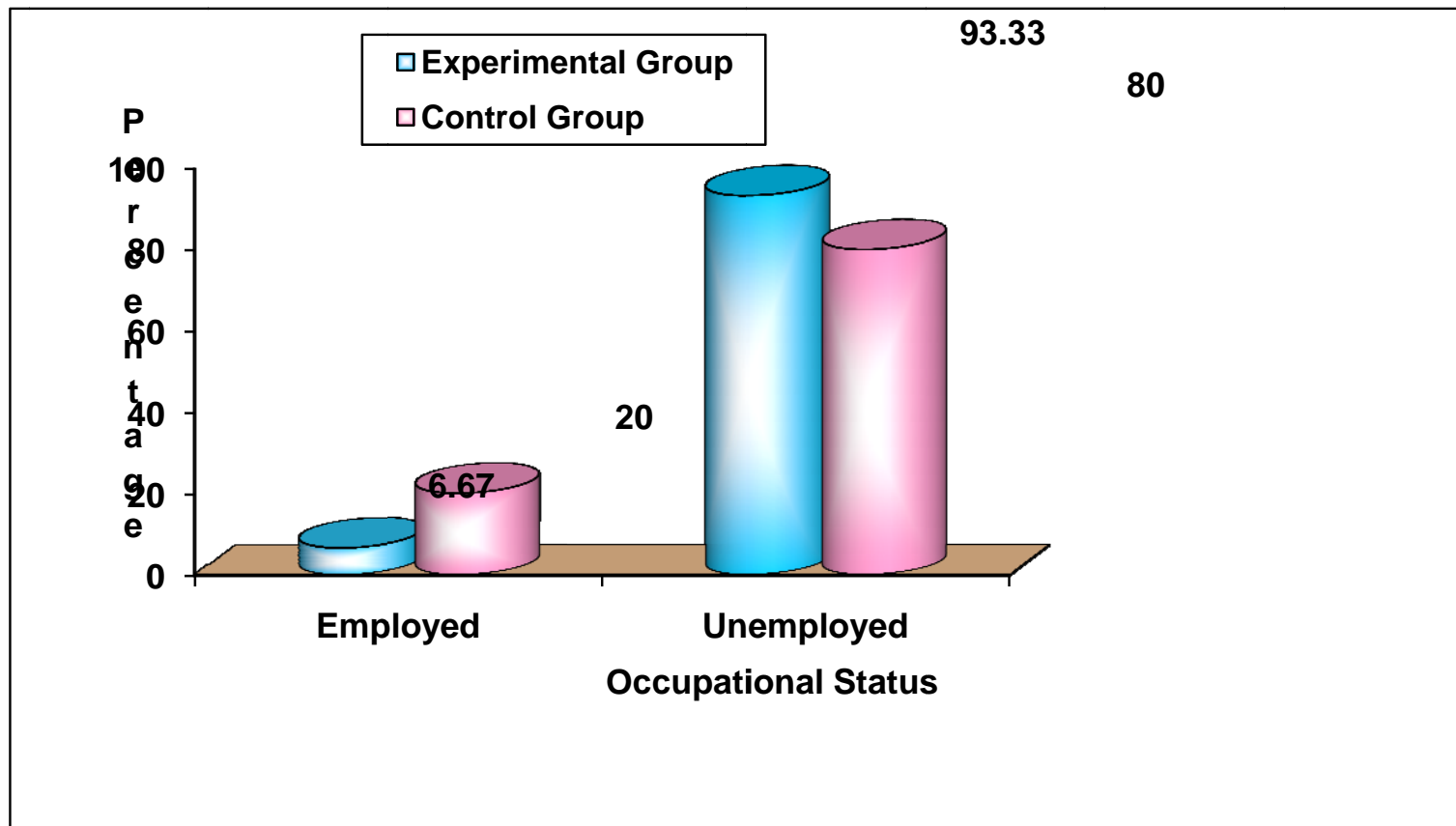


Fig. 6: Percentage distribution of religion of the parturients in the experimental and control group

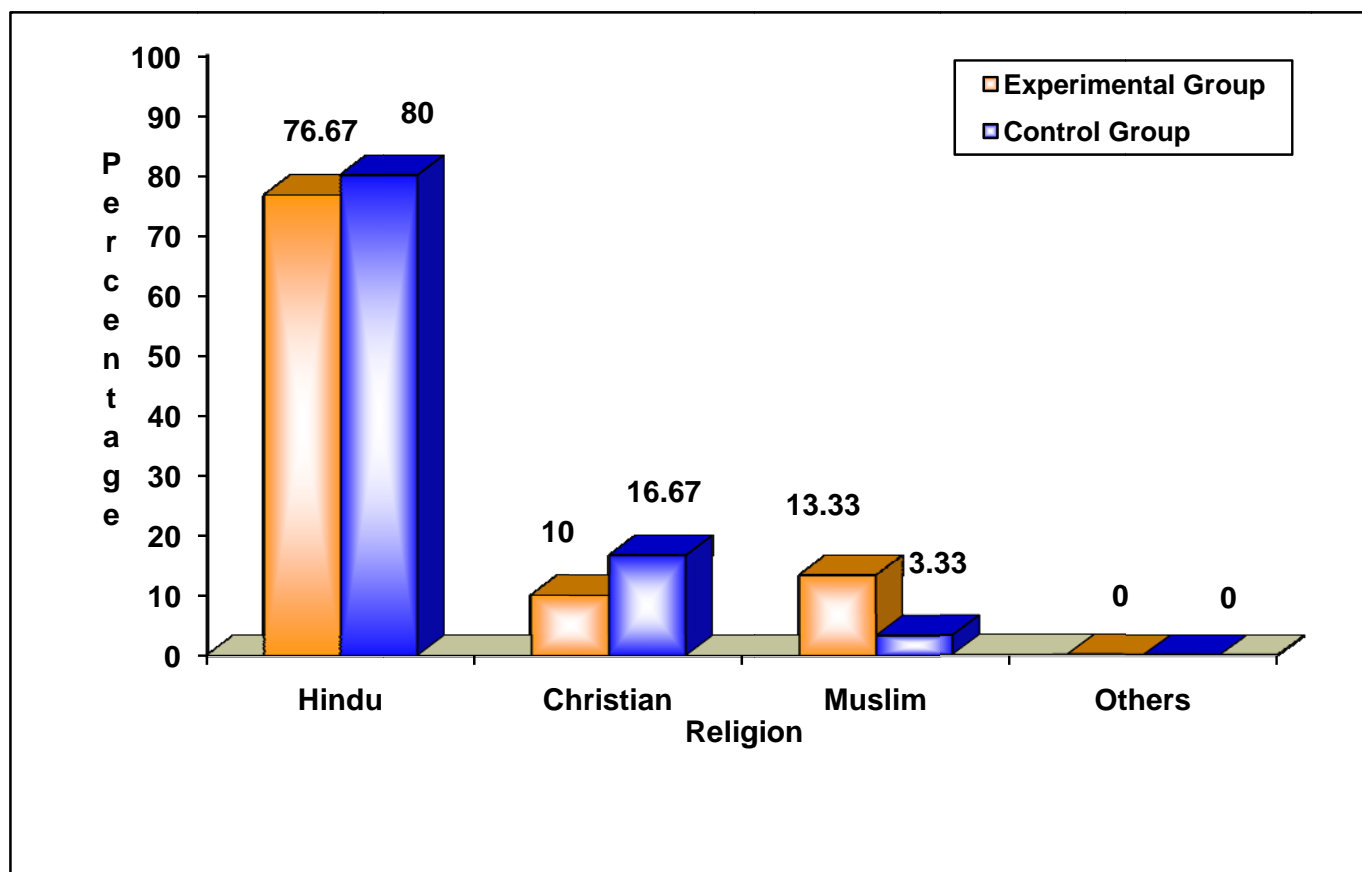


Fig 7. Percentage distribution of family monthly income of the parturients in the experimental and control group

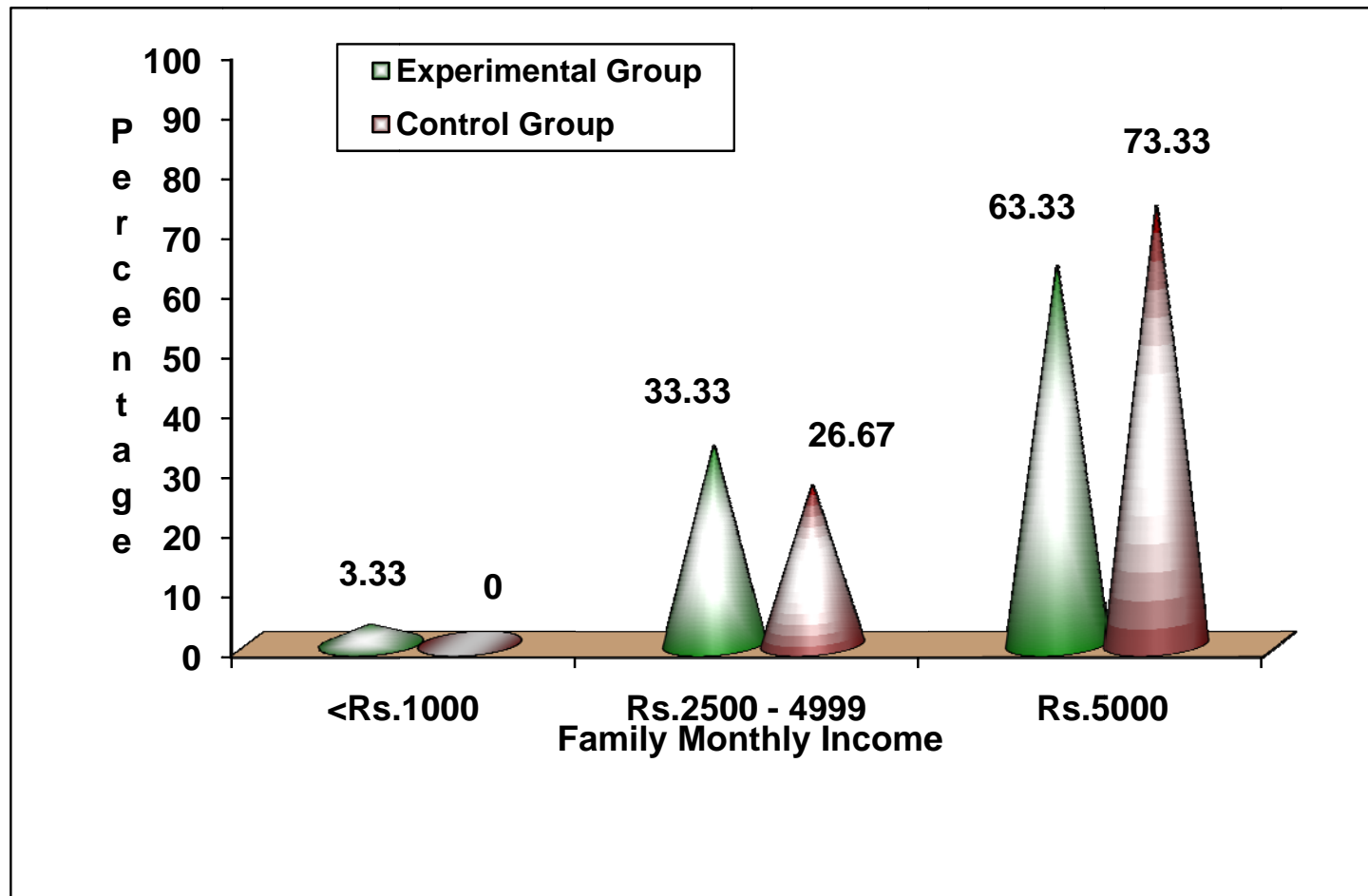


Fig. 8: Percentage distribution of type of family of the parturients in the experimental and control group

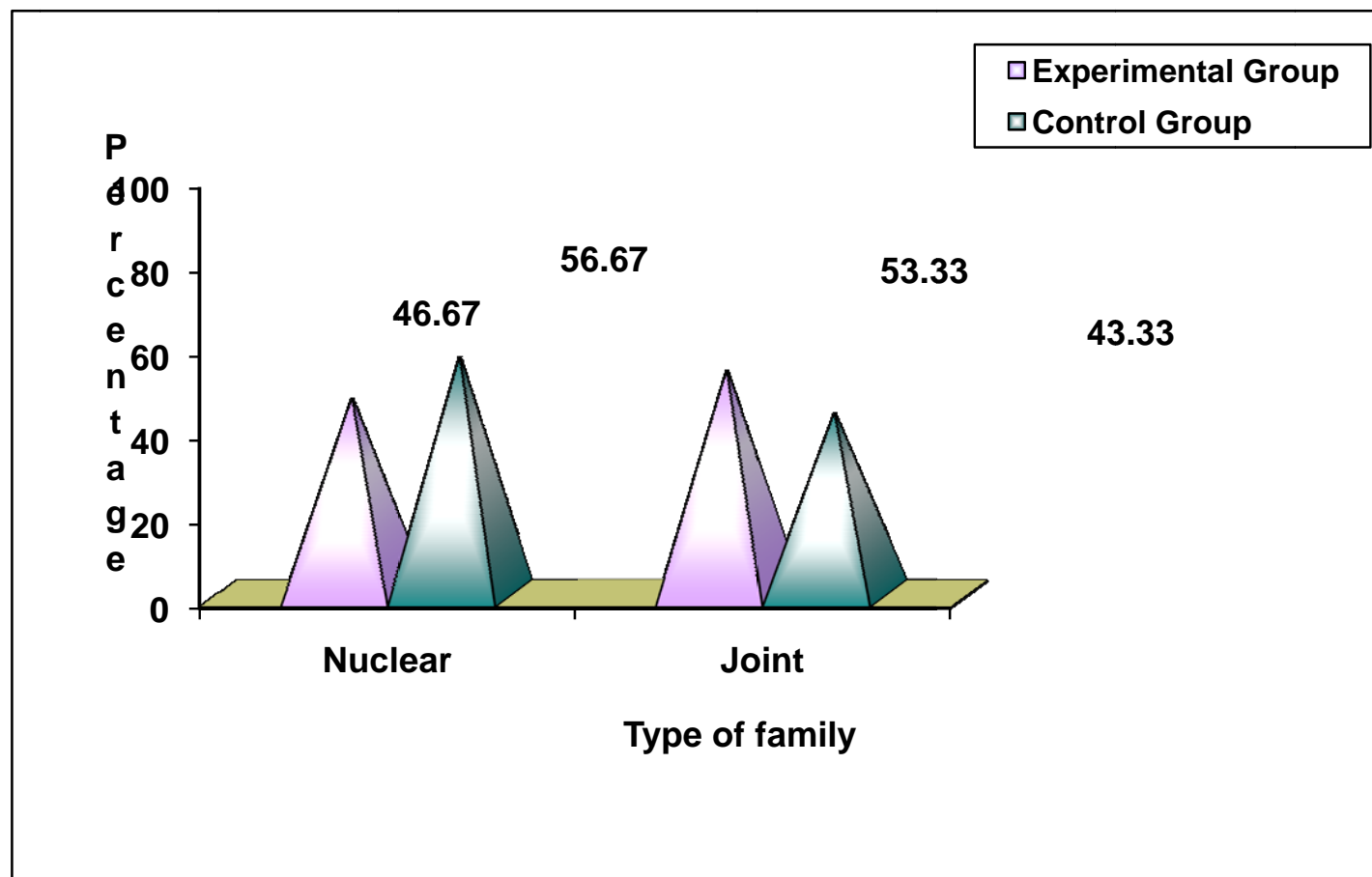


Fig. 9: Percentage distribute of the habitant of the parturients if the experimental and control group

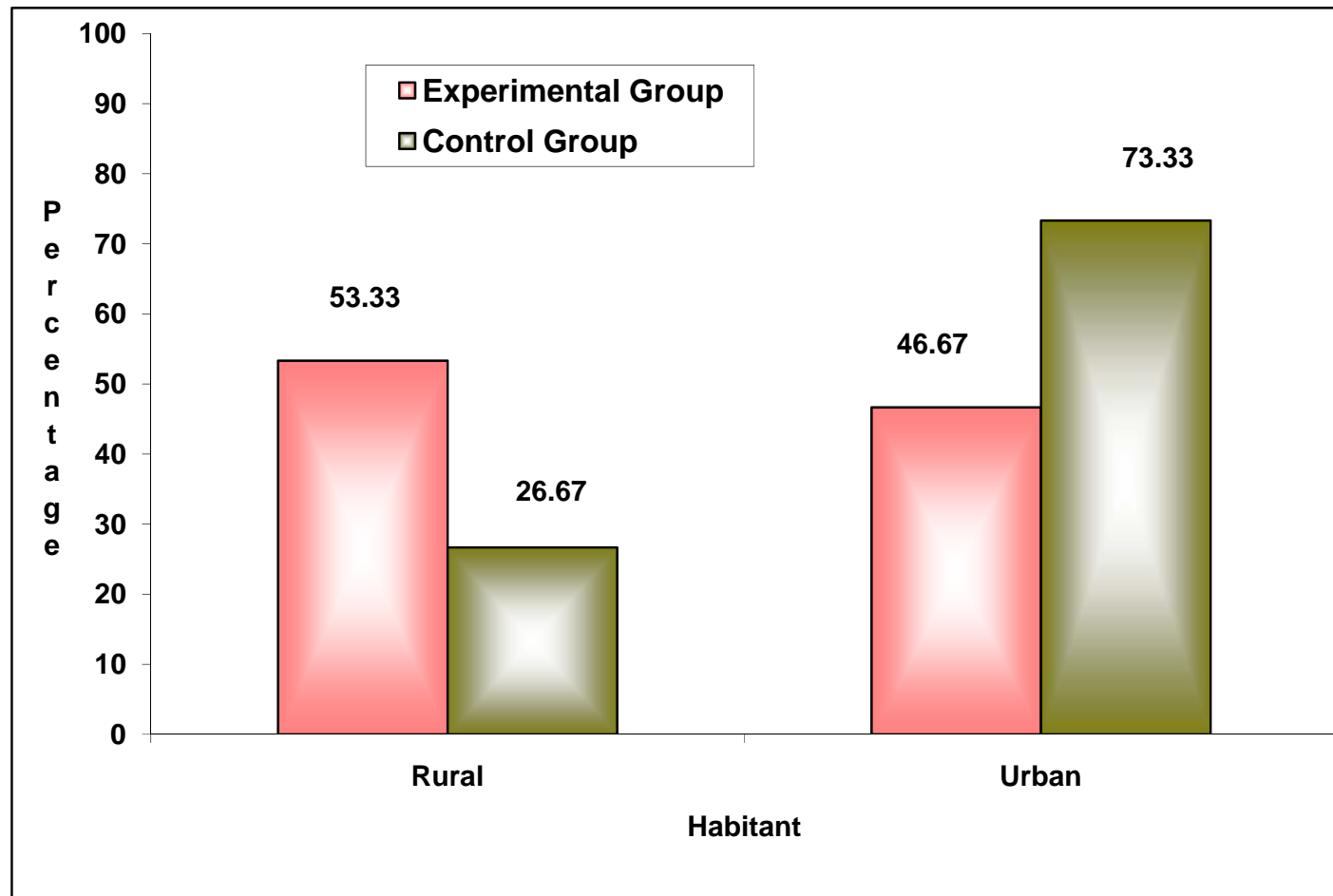


Fig.10: Percentage distribution of gestational week of the parturients in the experimental and control group

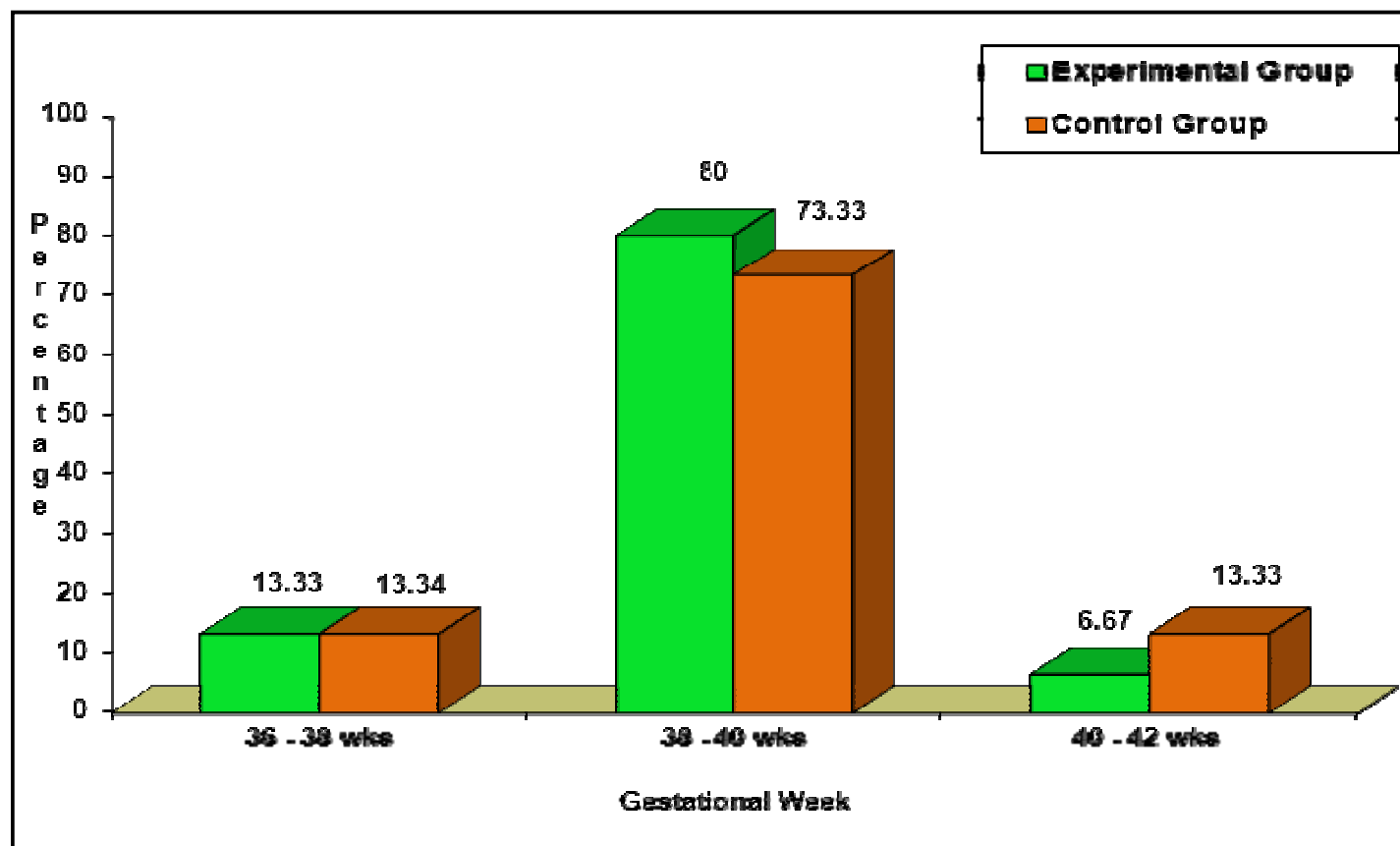


Fig.11: Percentage distribution of parity of the parturients in the experimental and control group

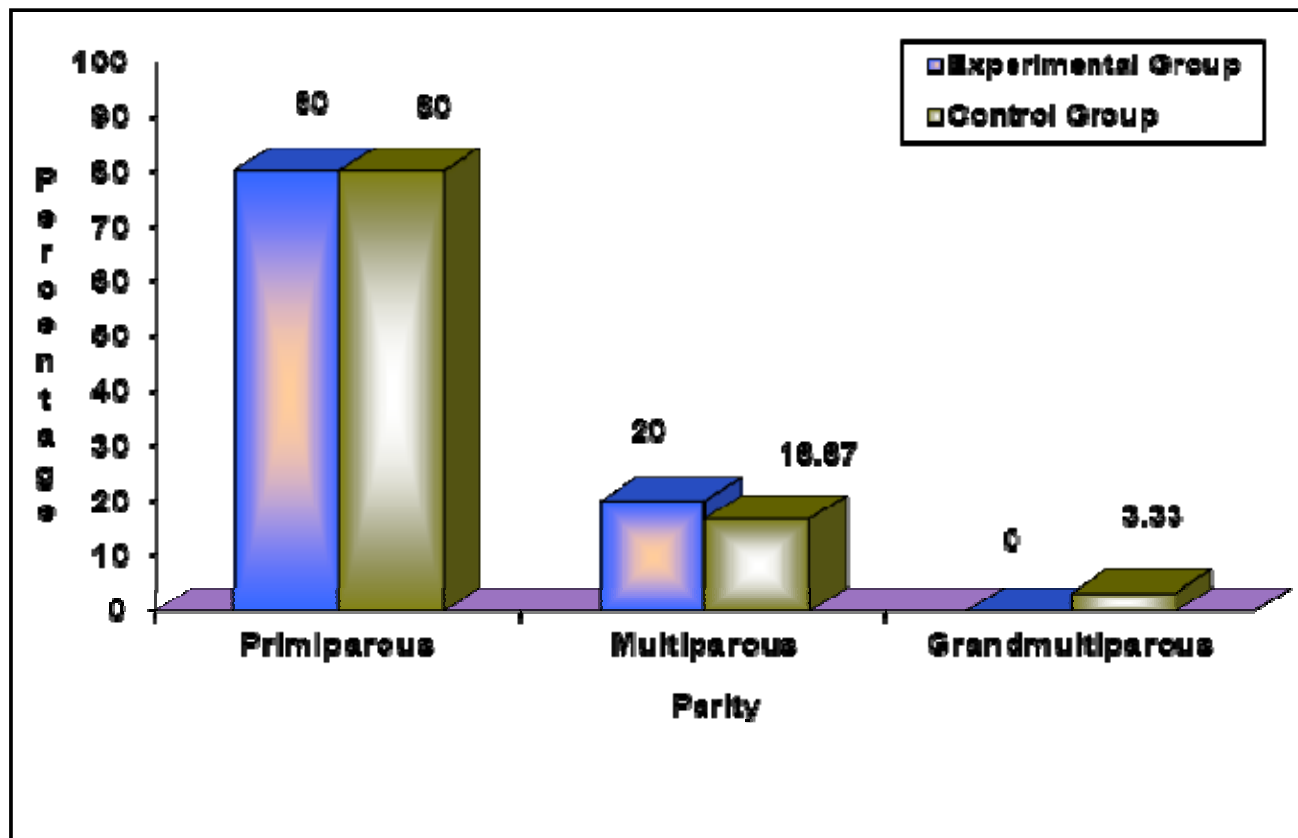


Fig.12: Percentage distribution of antenatal visit of the parturients in the experimental and control group

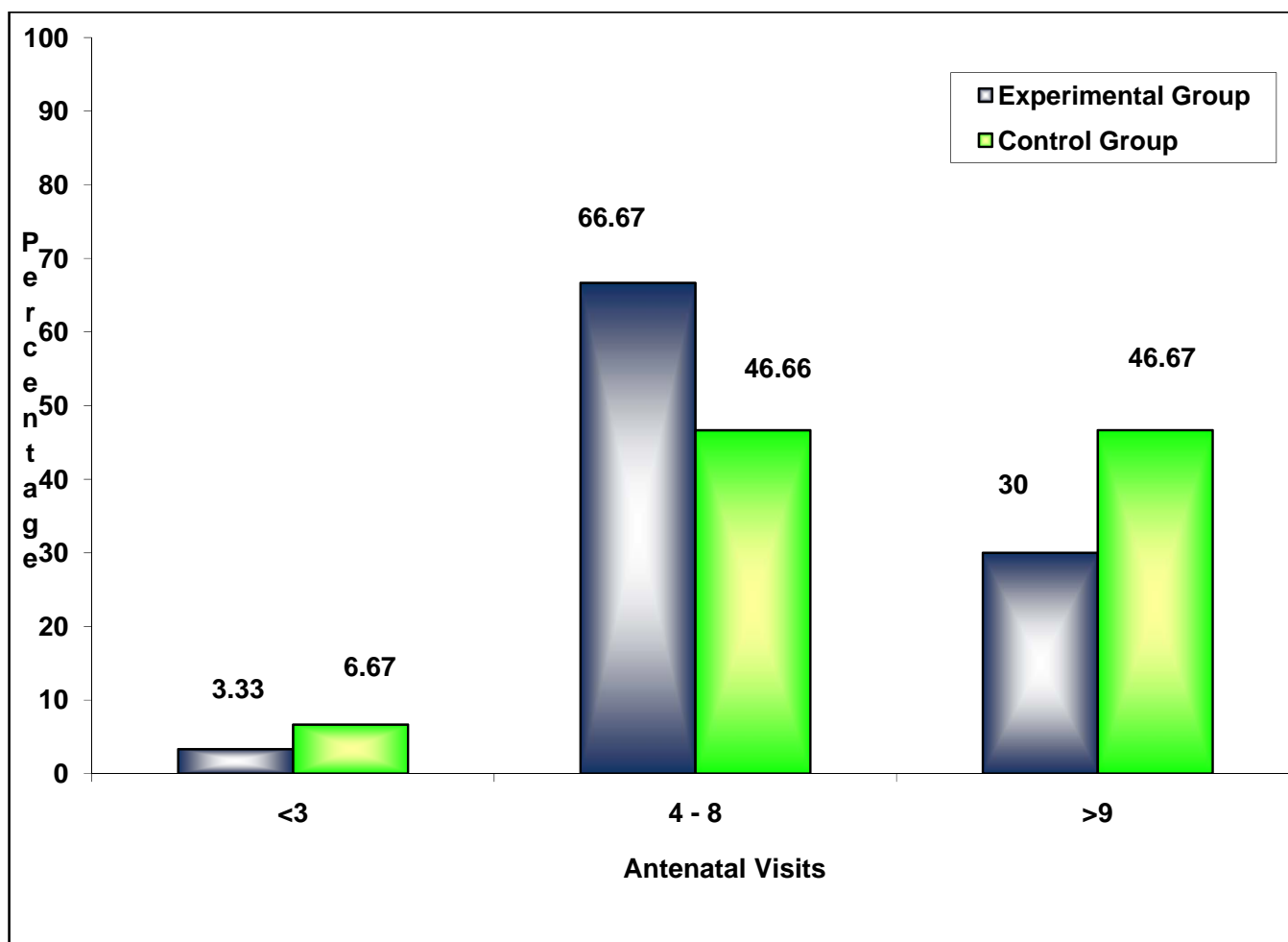
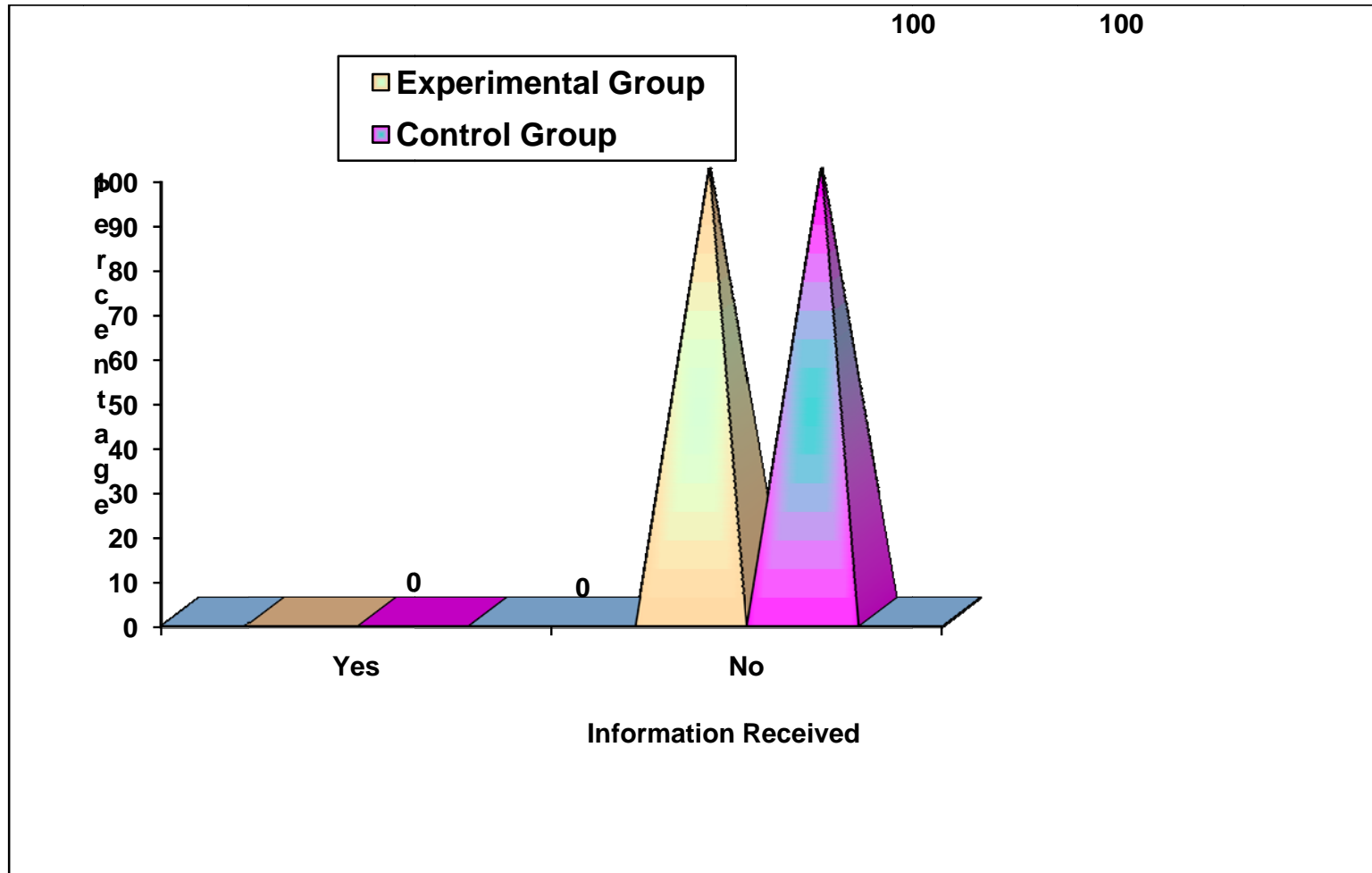


Fig 13: Percentage distribution of received information by the parturients in the experimental and control group



SECTION B

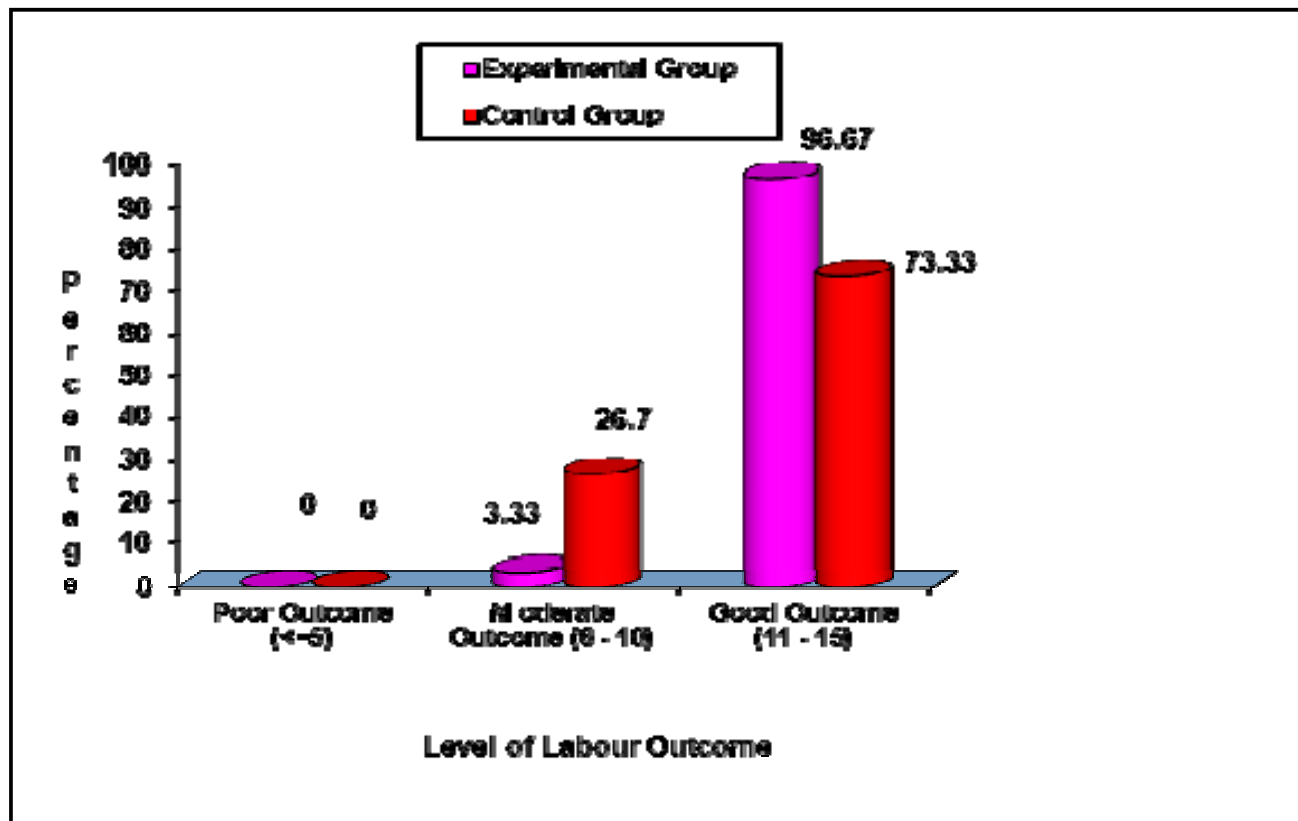
Table-2: Frequency and Percentage Distribution of the level of Labour Outcome among parturients in the experimental and control group.

N = 60 (30 + 30)

<i>Group</i>	<i>Poor Outcome (≤5)</i>		<i>Moderate Outcome (6 – 10)</i>		<i>Good Outcome (11 – 15)</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Experimental Group	0	0	1	3.33	29	96.67
Control Group	0	0	8	26.67	22	73.33

The above table 2 depicts that in the experimental group majority 29(96.67%) had good labour outcome and in the control group majority 8(26.67%) had moderate labour outcome.

Fig-14: Percentage distribution of the level of labour outcome among the parturients in the experimental and control group



The above figure depicts that in the experimental group majority 29(96.67%) had good labour outcome and in the control group majority 8(26.67%) had moderate labour outcome.

SECTION C

Table-3: Determine the effectiveness of companionship on labour outcome among parturients between the experiment and control group.

N = 60 (30 + 30)

<i>Group</i>	<i>Mean</i>	<i>S.D</i>	<i>Unpaired 't' Value</i>
Experimental Group	13.67	1.21	6.01*** p=2.01 (S)
Control Group	11.30	1.78	

***p<0.001, S – Significant

The above table shows that effectiveness of the level of labour outcome between the experimental and control group.

The table shows that in the experimental group, the mean score was 13.67 with S.D 1.21 and in the control group the mean score was 11.30 with S.D 1.78. The calculated 't' value of 6.01 shows statistically high significant difference in the level of labour outcome at p<0.001 level between the experimental and control group. This clearly indicates that companionship given to the experimental group had significant effect on the labour outcome, Thereby, we accept the hypothesis.

SECTION-D

Table-4: Association of mean scores of labour outcome among parturients with selected demographic variables in the experimental group

(N = 30)

S. No	Demographic Variables	Scores		ANOVA/ Unpaired 't' value
		Mean	S.D	
1.	Age			
	18 - 23 yrs	13.82	0.95	F = 0.543 d.f = 2, 27 p = 0.587, N.S
	24 - 28 yrs	13.36	1.57	
	29 - 32 yrs	14.00	1.41	
2.	Educational Status			
	Primary	15.00	0.00	F = 2.925 d.f = 3, 26 p = 0.053, S*
	Secondary	13.00	1.51	
	Higher secondary	13.75	0.89	
	Graduation and above	13.60	1.07	
3.	Occupational Status			
	Employed	14.00	0.00	t = 1.508 d.f = 27 p = 0.143, N.S
	Unemployed	13.64	1.25	
4.	Religion			
	Hindu	13.61	1.23	F = 0.499 d.f = 2, 27 p = 0.612, N.S
	Christian	14.33	1.15	
	Muslim	13.50	1.29	
	Others	-	-	
5.	Family Monthly Income			
	<Rs.1000	14.00	-	F = 1.123 d.f = 2, 27 p = 0.340, N.S
	Rs.2500 - 4999	13.20	1.69	
	>=Rs.5000	13.89	0.87	
6.	Type of family			
	Nuclear	13.71	1.38	t = 0.195 d.f = 25 p = 0.847, N.S
	Joint	13.62	1.09	
7.	Habitant			
	Rural	13.56	1.15	t = -0.492 d.f = 26 p = 0.627, N.S
	Urban	13.78	1.31	

<i>S. No</i>	<i>Demographic Variables</i>	<i>Scores</i>		<i>ANOVA/ Unpaired 't' value</i>
		<i>Mean</i>	<i>S.D</i>	
OBSTETRICAL INFORMATION				
8.	Gestational Week	14.50	0.58	
	36 - 38 wks	13.46	1.25	
	38 - 40 wks	14.50	0.71	
	40 - 42 wks	-	-	
9.	Parity			t = -1.547 d.f = 13 p = 0.145, N.S
	Primiparous	13.54	1.28	
	Multiparous	14.17	0.75	
	Grand multiparous			
10.	Antenatal Visits			F = 0.989 d.f = 2, 27 p = 0.385, N.S
	<3	12.00	-	
	4 – 8	13.70	1.30	
	>9	13.78	0.97	
11.	Received Information			-
	Yes	-	-	
	No	13.67	1.21	

*p<0.05, S – Significant, N.S – Not Significant

The above tables shows that the demographic variable educational status shows statistically significant association with the level of labour outcome in the experimental group at p<0.05 level. The other demographic variables had not shown any statistically significant association with the level of labour outcome in the experimental group.

CHAPTER-V DISCUSSION

The aim of the present study *was to determine the effectiveness of companionship on labour outcome among parturients at St.Antony's Hospital, Chennai.*

A total of 60 samples was selected, companionship was provided to the experimental group and the study was proceeded. The results are discussed according to the objectives.

The finding of this study has revealed that the effectiveness of companionship during labour has improved labour outcome among the parturients.

DESCRIPTION OF THE POPULATION

The sample comprise of 60 parturients, 30 in experimental and 30 in the control group.

With regards to the 30 parturients in the experimental group

Majority of mothers 17(56.67) were aged between 18-23 years with their educational status 10(33.33) of graduation and above, 28 (93.4%) were unemployed and among them 16 (53.4%) were from a joint family system. 19 (63.4%) mothers have a monthly income of Rs.> 5,000. 16 (58.4%) were from rural areas.

Most of the mothers 24 (80%) were between 38 to 40 weeks of gestational week, 24 (80%) were primiparous and in which 20 (66.67%) had regular antenatal visits (4-8). None of the samples 30 (100%) had not received information about companionship.

With regards to the 30 parturients in the control group

Majority of mothers 13 (43.33%) were aged between 18-23 years and 24-28, in which 13 (43.33%) have an education up to secondary schooling. 24 (80%) of the mothers were unemployed and among them 17 (56.67%) were from a nuclear family system. 22(73.33%) mothers have a monthly income of >Rs 5,000. 22 (73.33%) of the mothers are from rural areas.

Most of the mothers 22 (73.33%) were between 38 to 40 weeks of gestational weeks, 24 (80%) were primiparous and in which 14 (46.67%) had regular antenatal visits (4-8). None of the samples 30 (100%) had not received information about companionship.

THE DISCUSSION IS BASED ON THE OBJECTIVES

The first objective was to assess the labour outcome among the parturients in the control and experimental group.

As shown in Table 2, among the experimental group 29 (96.67%) had good labour outcome. 1 (3.33%) had moderate labour outcome. unanticipatedly, none of the mothers (0%) had poor labour outcome.

In the control group 22 (73.33%) had good labour outcome. 8(26.67%) had moderate labour outcome. unanticipatedly, none of the mothers (0%) had poor labour outcome.

Hodnett's (2007) et al. did a meta-analysis of 15 trials from N. America, Europe and Africa. Women cared for during labour by midwife, compared to those receiving usual care . The results were **26%** delivered by caesarean section,41% gave birth with a vacuum extractor or forceps, 28% only used analgesia or anesthesia,33% were less likely to be dissatisfied or

negatively rated their birth experience. Thereby the author concluded that women cared during labour by midwife has improved labour outcome.

The second objective was to determine effectiveness of companionship on labour outcome among parturients in the experimental groups.

Table 3 shows the comparison of post assessment level of labour outcome between the experimental and control group. The mean value of labour outcome was observed during labour and it explained that the mean value of labour outcome was high in experimental group (13.67%) than in control group (11.3%) with respected standard deviation of 1.21% and 1.78%.

The results shows statistically a high significant difference in the level of labour outcome with calculated 't' value of 6.01 at $p < 0.001$ level, between the experimental and control group. This clearly indicates the companionship given to experimental group had significant effect on the labour outcome, thereby the hypothesis is accepted.

B. Chalmers and W. Wolman (1993) conducted a study on Support during labor provided by a variety of different people, including fathers, professional medical staff, trained labor coaches and montrices, untrained lay supporters and family and friends. The study concluded that trained labor coaches have been shown to exert a positive effect on outcome, the results of doula support are the most impressive when both methodology and outcome effects are considered. Support from professional medical staff had a positive effect on labor outcome.

The third objective was to associate the labour outcome with selected demographic variables in the experimental group.

The demographic variables considered for the study was age, educational status, occupational status, religion, family monthly income, type of the family, habitant, gestational week, parity, number of antenatal visits, information on companionship. The labour outcome variables included for the study was type of delivery, duration of labour, pain perception, delivery of placenta, neonatal APGAR score.

It was found that there was significant association between labour outcome and educational status with p value <0.05 using ANOVA.

Thus by concluding that, the companionship during labour could be considered as an effective method for improving the labour outcome. This encompasses commitment by nurse midwife, who need to play as fervent role by simultaneously upgrading nursing service and teaching to the mothers during labour.

CHAPTER-VI

SUMMARY, IMPLICATIONS AND RECOMMENDATION

SUMMARY OF THE STUDY

This chapter presents the summary, implication and recommendation that would form a stepping ladder for the future researchers to develop and envelope towards nurse led midwifery care.

The study focused on determining the effectiveness of companionship on labour outcome among the parturients at St. Antony's hospital, Chennai.

The study was conducted in the labour room of St. Antony's hospital, Madhavaram, Chennai. The investigator opted directional hypothesis which states that mothers who received companionship during labour will have significant difference in their labour outcome. Related literatures enabled to be the strong base for midwife as birth companion and effect of companionship on the labour outcome. The conceptual model of Widenbach's model of helping art theory was applied as nursing intervention (companionship) towards the improvement of labour outcome.

The present study was Quasi experimental in nature which used post test only design. Pilot study was done to confirm the feasibility of the study. After obtaining permission from the hospital committee and samples were selected by non-probability convenient sampling and then verbal consent were obtained from them. The data was collected from each mother by the investigator, using a semi-structured questionnaire which

had two sections comprising of demographic variables and labour outcome. The samples were selected and a post test was conducted at the end of the labour. Based on the objectives, the data was analyzed during descriptive and inferential statistics.

THE MAJOR FINDINGS OF THE STUDY

- 1) Majority of samples were at the group of 18-23 of age 17(56.67%), graduated 10 (33.3%) and were unemployed 28(93.4%).
- 2) In regard to the obstetrical information, majority of the samples 24(80%) were primiparous between 38-40(80%) gestational weeks, with regular antenatal visits but had not received any related information about companionship.
- 3) With respect to the labour outcome, the majority 29(96.67%) of the parturients had good labour outcome.
- 4) Significant difference was found between companionship and labour outcome, the calculated t' value of 6.01 showed a high significance at p level of 0.001 among the parturients in the experimental group respectively.
- 5) There was significant association between the demographic variable and educational status with the labour outcome in the experimental group at $p < 0.05$ level.

The above results show that companionship during labour manipulates over the effect of labour outcome and it supports the

hypothesis as mothers who received companionship during labour will have significant difference in the labour outcome than the mothers who do not.

NURSING IMPLICATIONS

The nurse midwife plays an important role in the caring the labouring women by educating them about companionship during labour.

NURSING EDUCATION

The midwifery nursing curriculum needs to be strengthened to enable the newer trend of birth companion during labour. While planning and instructing the students, nurse educators should provide ample opportunities to gain knowledge on the importance and need for providing support during labour both physically and psychologically, both in community and clinical setting.

NURSING SERVICE

Midwives should accept the responsibility of making labour process as a pleasant full experience for each parturients. Companionship during labour performs to be one of the future midwife-led care models. This policy should be inculcated among all the midwifery staff and students. In service education programme can be conducted for the midwife on the various benefits of nurse/midwife as birth companion during labour process. This can also be included as one of the teaching items in the mother craft classes, emphasis to be laid among nursing staff on imparting

knowledge to mothers during antenatal and labour preparation classes on companionship during labour.

NURSING ADMINISTRATION

Nursing influentials are challenged to undertake the most vulnerable group by their effective organization, management, supervision and direction of their subordinates.

The nurse administrators should place effective hands while making hospital policies and procedures that facilitates labour process, to develop and maintain effective communication, cooperation, collaboration, coordination, humanization among the health care providers to avail good source of information towards companionship during the process of labour to the mothers in their antenatal period till delivery

NURSING RESEARCH

Recently there are many researches forecasted on the effectiveness of companionship towards the mother and the baby during labour. Research is needed to examine the role of midwife in support during labour and its impact on the labour outcome. Care should be taken to develop and implement the research utilization by moulding the midwife to upgrade knowledge, to read, to critic and to conduct advanced research studies. The midwives can also be stirred to perform new studies and develop a research base in renovating the existing research findings into clinical pathway for midwives in the future.

RECOMMENDATIONS

- 1) This study can be replicated on the larger sample size.
- 2) Mother craft or antenatal classes can deliver information on companionship during labour to the antenatal mothers during antenatal visits.
- 3) Future studies can also be studied with relation to much more neonatal variables such as initiation of breastfeeding etc.
- 4) Optimum use of the media towards the new arena of support during labour can be incorporated.

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ABSTRACT

Introduction: Childbirth is a very furious process right from creation of woman hood where without pain there is no gain of the new born baby. Fear on childbirth process is meant to be always a growing spurt among the parturients for ages together. Thus a birth companion is required for a woman through her travail in labor to embrace her in pain, agony, sorrow & anguish for the joy that will be born to the world.

- Aims:** (a) To assess the labour outcome among the parturients.
- (b) To determine the effectiveness of companionship on labour outcome.
- (c) To associate the labour outcome with selected demographic variables.

Methodology: A quasi experimental study using post-test only design was conducted to assess the effectiveness of companionship on labour outcome among the parturients. As per the inclusive criteria, samples were selected by Non probability convenient sampling at St.Antony's Hospital, Madhavaram and were assigned for experimental and control group. The data was collected using a self-structured questionnaire by the investigator and analyzed using Mean, Standard Deviation, Independent t' test and ANOVA.

Results: A total of 60 samples (parturients) were included in the study, out of which 29 (97.96%) had good labour outcome. The calculated 't' value of 6.01 shows statistically high significant difference in the level of labour outcome at $p < 0.001$ level between the experimental

and control group and only the educational status of the mothers showed association with the labour outcome.

Conclusion: Thereby the investigator concludes that the companionship during labour could be considered as an effective method for improving labour outcome. Thus it encompasses commitment by Nurse Midwife creating a newer horizon in the field of Midwifery.

**A QUASI EXPERIMENTAL STUDY TO ASSESS THE
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OUTCOME AMONG PARTURIENTS AT ST.ANTONY'S
HOSPITAL,CHENNAI.**

By
W.Annie Mary Prema